



PHC
JFW

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995. See The American Inventors Protection Act of 1999 (AIPA).	Application Number	10/822,647
	Filing Date*	April 13, 2004
	First Named Inventor	Chien-Hong CHENG et al.
	Group Art Unit	1774
	Examiner Name	M.R. Yamnitzky
	Attorney Docket No.	CHEN3657/REF

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.
--

1. Please consider the following as the required submission under 37 C.F.R. §1.114: <input checked="" type="checkbox"/> a. The Amendment/Reply filed on (date): June 14, 2007 <input type="checkbox"/> b. The Information Disclosure Statement (IDS) filed on (date): <input type="checkbox"/> c. The arguments in the Brief/Reply Brief filed on (date): <input type="checkbox"/> d. The ___ page(s) of Form PTO-1449 and copy of each listed document filed (date): <input checked="" type="checkbox"/> e. Other: Petition to Accept Delayed Claim for Priority; Certified copy of priority document w/ verified English Translation <input type="checkbox"/> 2. A ___ month Petition for Extension of Time is filed herewith. <input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200. <input checked="" type="checkbox"/> 4. A check in the amount of <u>\$395.00</u> is submitted herewith. <input type="checkbox"/> 5. This Request is transmitted by facsimile to number (703) _____. <input type="checkbox"/> 6. Other:

THE RCE FEE IS CALCULATED AS FOLLOWS:						Basic Fee:	\$790.00
Total Claims:	27	-	27	(highest number previously paid for) =		X \$50 =	
Independent Claims:	1	-	3	(highest number previously paid for) =		X \$200 =	
Correspondence Address: 23364 Customer Number						Multiple Dependent Claim (add \$360.00):	
						Subtotal:	\$790.00
						50% Reduction if Small Entity Status:	(\$395.00)
Phone: 703-683-0500 Fax: 703-683-1080						Total:	\$395.00
Date:	Name:			Signature:		Reg. No.	
June 14, 2007	Richard E. Fichter			<i>Richard E Fichter</i>		26,382	

(09Dec04)

06/15/2007 MAHMED1 00000034 10022647

02 FC:2001

395.00 OP